600-548

# PUNCTOSCOPE

## a detector of points in auriculotherapy and acupuncture

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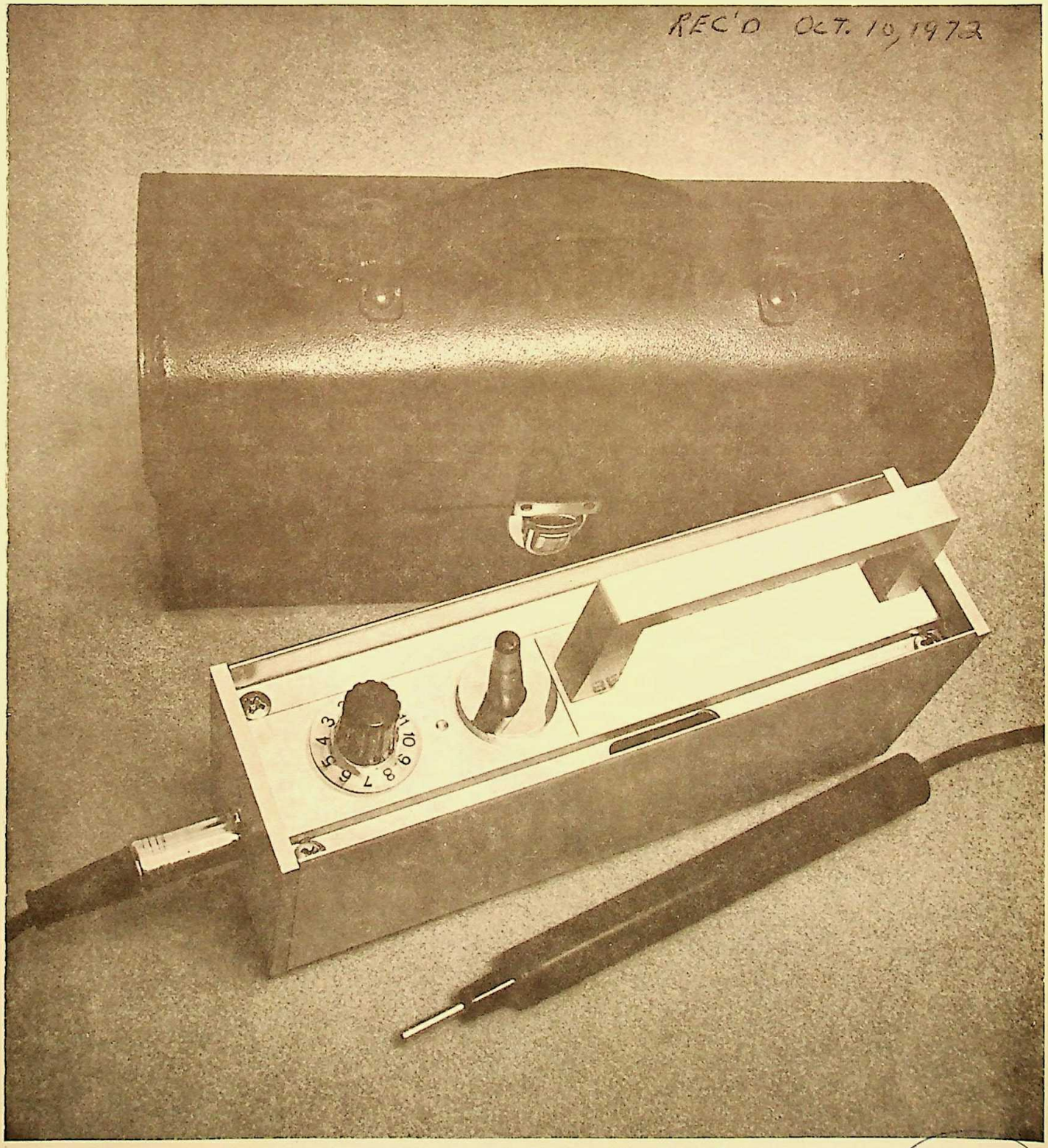

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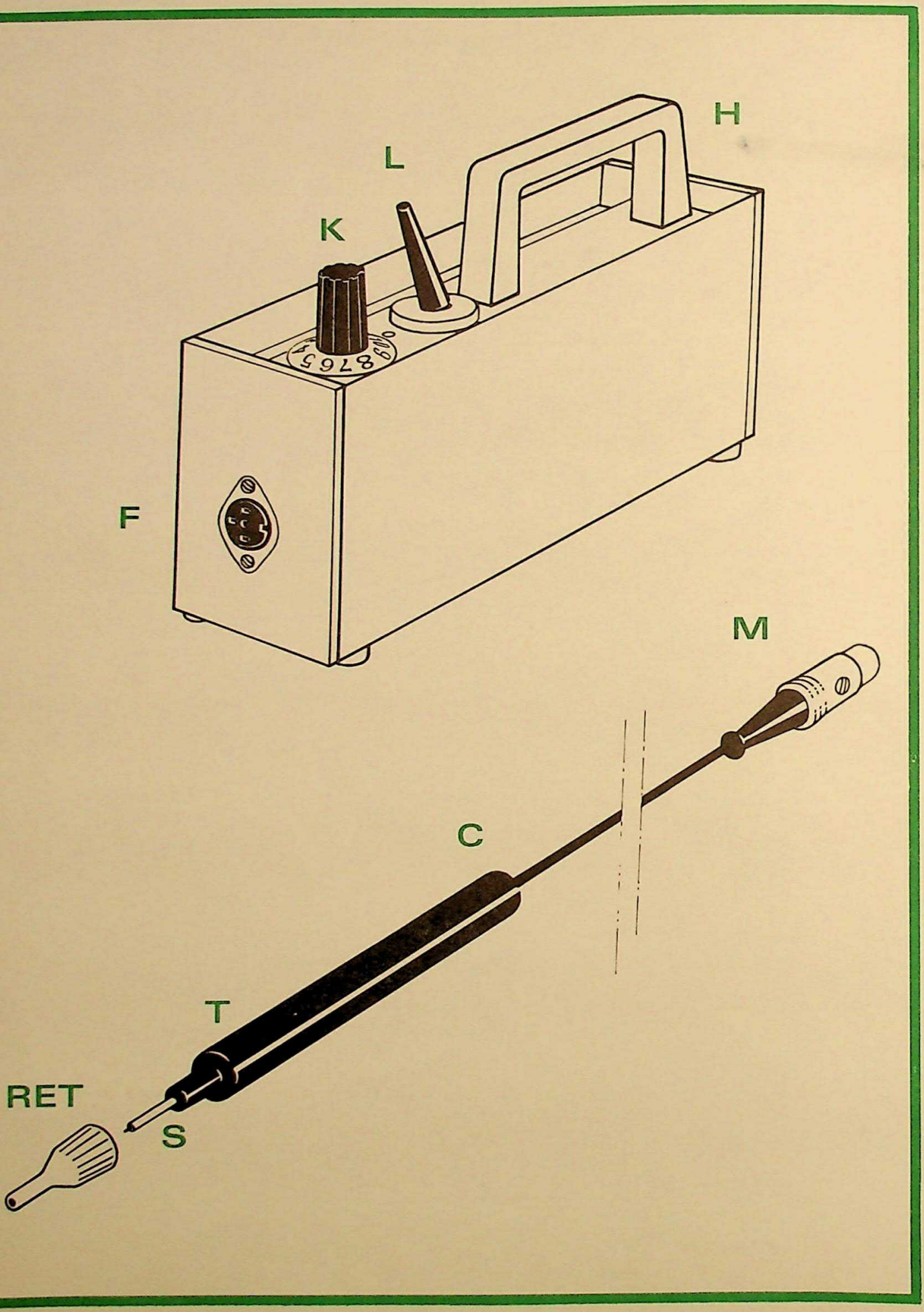

H
L
K
F
M
C
T
RET
S

# PUNCTOSCOPE

Designed and built by a team of electronicians under the directions of Dr. NOGIER, this detector measures the resistance of a point in relation to its environment.

It is therefore a differential detector making it possible to isolate the points to be treated with great accuracy.

Its major applications are AURICULOTHERAPY and ACUPUNCTURE.

## DESCRIPTION

On the upper face of the Punctoscope, there is a handle H, a contact lever L and a sensitivity knob K.

On the lateral face, on the knob side, is the female socket F of the Punctoscope for connection to the male plug M of the two-pole captor C.

The two-pole captor C is essentially composed of a telescopic stylet S covered with a telescopic metal tube T each mounted on springs. The end of this tube measures the resistance of the environment of the point, while the tip of the stylet measures the resistance of the point itself.

## WORKING

The patient holds the Punctoscope (the lower part of the handle is the earth of the appliance).

The patient tilts the lever L with his thumb and keeps it in this position.

## DETECTION

Detection is made by means of the captor plugged into the Punctoscope.

The captor is applied perpendicular to the teguments to be examined. Pressure must be very **light**, but sufficient to put the stylet S into contact with the skin.

If at this moment the Punctoscope rings, the point has been detected.

It only remains to intensify and continue the pressure of the captor until an impression is left on the skin.

## SELECTIVITY

If too many points are detected, the sensitivity knob K must be turned anti-clockwise.

If on the contrary detection is difficult, the sensitivity knob K is to be turned clockwise.

NOTE : Even with maximum sensitivity, some points may not be detected. This is due to the fact that the Punctoscope is a **selective** detector, i.e. especially sensitive to the points which need to be treated. This is to be noted especially for Auriculotherapy.

For Acupuncture, when differential detection is not easy, it is possible to detect **directly** with a metallic end-piece RET, adaptable to the captor, by turning the sensitivity knob anti-clockwise. In direct detection, contact with the skin must be very **light.**

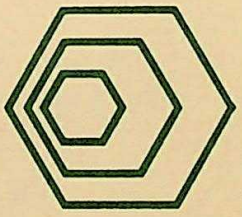
## CHANGE OF BATTERIES

The starting contact of the Punctoscope being maintained by the patient, the lever automatically resumes its rest position as soon as the patient releases his hold.

Therefore there is no undue wear of batteries owing to oversight. Thus batteries last for many months without having to be changed. If the appliance rings alone, without being in contact with the skin, the batteries are to be changed.

It is easy to change the batteries by loosening the screw holding the lateral wall.

Be sure that the contact of the batteries is properly adjusted.



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# SIMPLIFIED AURICULOTHERAPY BY THE USE OF THE PUNCTOSCOPE AND STAR MICRO-MASSAGES

(Excerpts from unpublished works by Dr. NOGIER)

## PRINCIPLE

The auricle is an important reflex ground to which all parts of the body are projected (fig. 1).

When there is a peripheral disorder (algia, alteration of a fonction), some points can be detected in the corresponding reflex zones of the auricle by the Punctoscope.

Conversely, these points can be excited to correct the disorders which produced them.

## TECHNIQUE

When the detector rings after the discovery of a point, this point is noted on the auricle with the sharp point of a dermographic pencil (Caran d'Ache - Polygraph 684).

With a pressure Feeler (a), the point is explored to see whether it is painful or not.

If the point is **painful**, it is **dispersed** by a **centrifugal** star micro-massage (fig. 2). For this operation, the tip of a glass rod is used.

If the point is **painless**, it is **braced** with a **centripetal** star micro-massage (fig. 3).

Every time, the skin is squeezed over a length of 2 to 3 millimetres in the direction of the arrows, around the point, once or several times, according to the result obtained.

This result must be apparent within one or two minutes and is made obvious in the case of algiae that decrease in intensity.

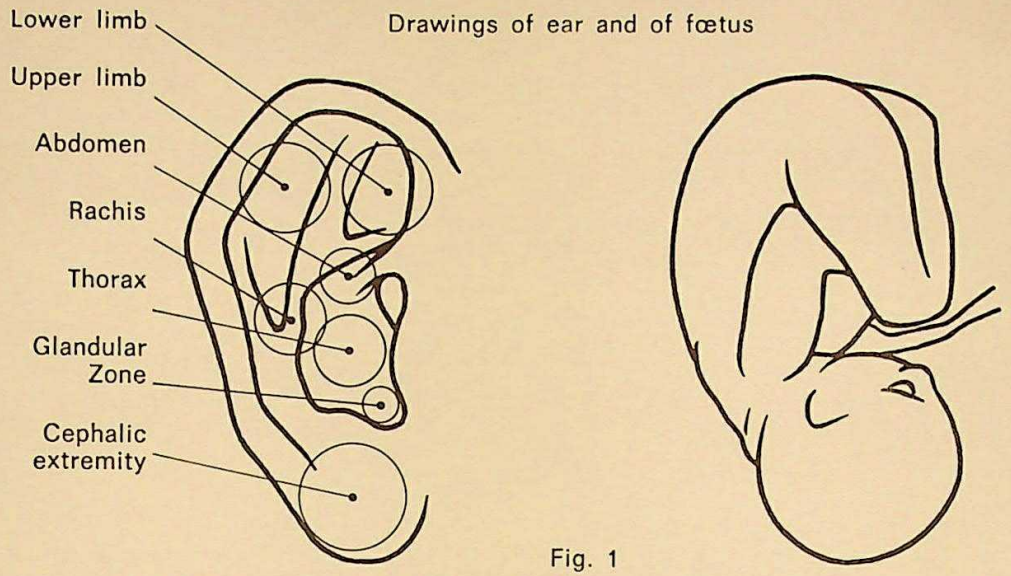
A deeper effect is felt within three days.

## TOPOGRAPHY

It is useless for a beginner to know at once all locations of the auricle points, but only the areas which must be explored with the Punctoscope (fig. 4 - 5 - 6). It is the Punctoscope which defines precisely the particular point looked for.

Details of the locations and results obtained are given in Dr. NOGIER's book (Treatise of Auriculotherapy, Edition MAISONNEUVE - 57 - MOULINS-LES-METZ - FRANCE).

(a) This pressure Feeler can be delivered with the appliance as an extra option.




Drawings of ear and of fœtus

Fig. 1

Diagramatic representation of the ear.
The likeness of its correlations with the fœtal position.

Centrifugal and centripetal
Micro-massages

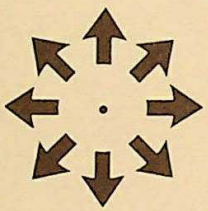


Fig. 2

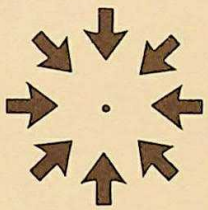


Fig. 3

3 drawings of the ear with remarkable areas.

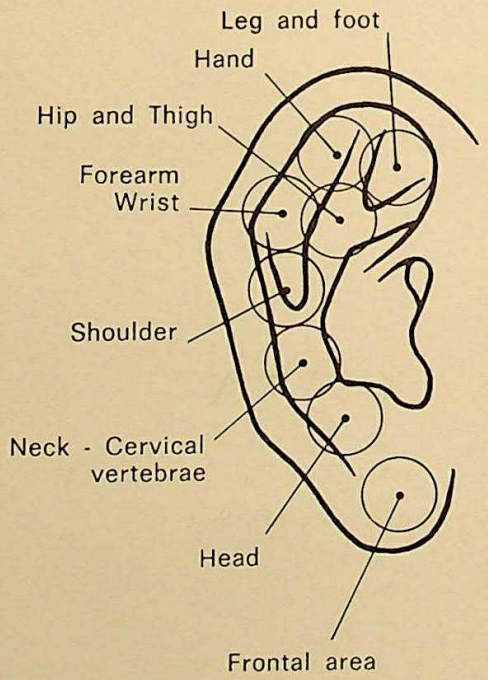



Fig. 4

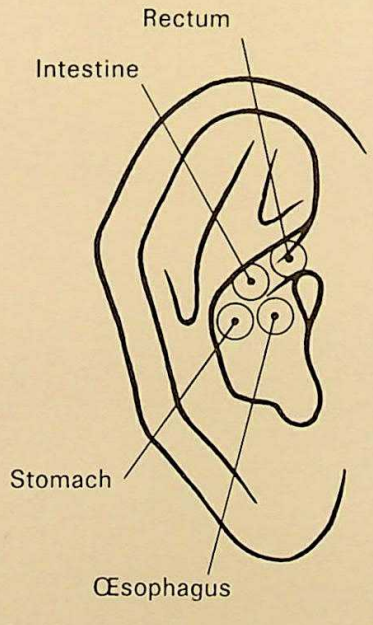



Fig. 5

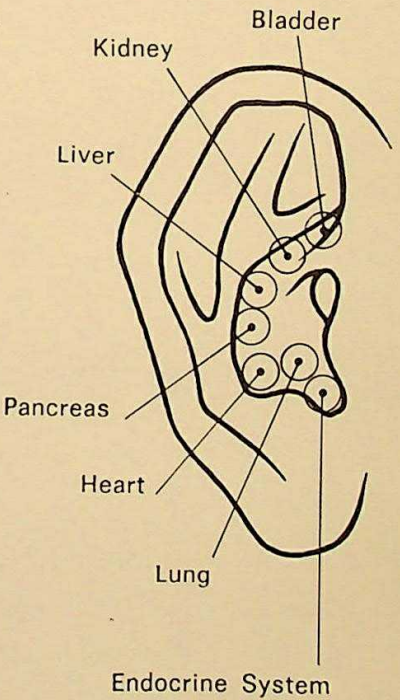



Fig. 6

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